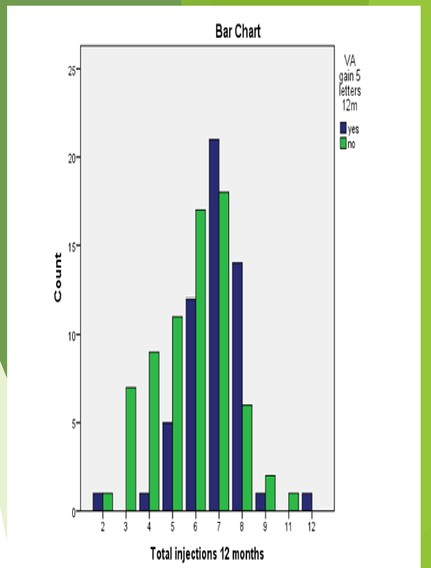
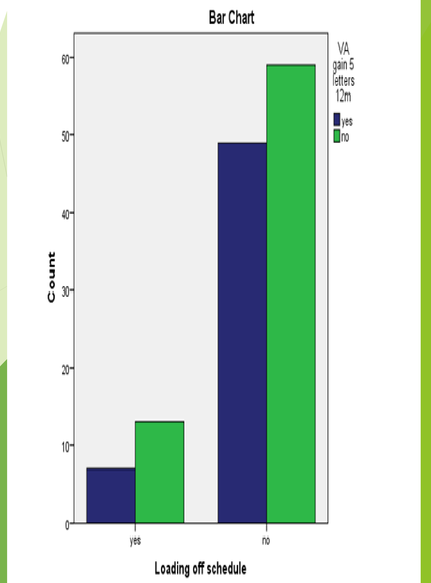
Inadvertent Anti-Vascular Endothelial Growth Factor injection interval increase, due to disruption from the Covid-19 pandemic, was insightful.

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- Introduction: The COVID-19 pandemic presented unique challenges to health care systems around the world. Guidelines produced by the Royal College of Ophthalmologists during this time, suggested maintaining nAMD patients on 8-weely injections if there was no drop in vision.

- Methods: Inclusion criteria includes patients with nAMD deemed to require their baseline treatment between 01/09/2019 – 24/02/2020. Outcomes for those affected by the start and height of the pandemic are included in the study. Data was collected prospectively over the course of 2020 and early 2021, giving all subjects a minimum of 18 months since the baseline injection.

- Results: 147 eyes from 139 patients were included in this study. 12 patients were excluded (7 deceased and 5 would not attend due to risk of COVID-19). Data is available for 135 eyes. The mean best corrected baseline visual acuity logMAR letters (BCVA) before treatment was 58.16 +- 15.48 letters. At 12 months, this was 60.51 +- 17.19. Eyes with more than 70 letters at baseline were 37/134 (27%) and at 12 months this was 43/132 (32%) [P= 0.005] Anticipated dates for the 8-week injection were determined. The 8-week delay time was a median of 65 +- 16 days. Further analysis showed at 10, 15, 30, 60, 90 days delay, no statistical significance was found for letter gain of 5 (P= 0.572), 10 (P= 0.481), 15 (P= 0.415) letters. No statistical significance was found for letter loss at 5 (P= 0.366),10 (P= 0.414), 15 days (P= 0.621). When eyes were not loaded as planned visual acuity gain was not statistically significant at 5+ letters [P=0.283], 10+ letters [P =0.315], 15+ letters [P= 0.599]. Loss of 5 letters [P=0.322], 10 letters (P= 0.186) and 15 letters [P= 0.099] did not reach statistical significance

- Conclusion : The data suggests we need to reconsider the loading schedule. It might be that only 1 or 2 loading injections and a dry OCT scan can allow a rapid start of extending. Missing some injections was not deleterious and the 8-week injection being inadvertently delayed did not affect visual outcomes. We may need to address the loading and injection scheduling in standard patients with AMD (no macular haemorrhage and no polyps) as the case load is rising exponentially.